



OFFICE OF PURCHASING AND SUPPLY SERVICES

Facilities Administration Building (FAB)
13300 Old Marlboro Pike, Room 20
Upper Marlboro, MD 20772
301-952-6560 Fax: 301-952-6605

NOTICE TO RESPONDENTS

Date: December 3, 2021

TO: ALL INTERESTED RESPONDENTS

SUBJECT: RFP 026-21 DENTAL AND VISION PREFERRED PROVIDER ORGANIZATION
(PPO) PLAN ADMINISTRATION

Below please find information relative to the above-referenced solicitation:

RFP Pre-Proposal Conference

The pre-proposal meeting for the above-referenced project is scheduled for **Wednesday, December 8, 2021, at 1:00 p.m.** The pre-proposal conference will be held virtually via Zoom. Only interested Respondents who return the **Appendix K -- Letter of Intent to Attend the Preproposal Conference** form will receive the Zoom conference information.

While attendance at the pre-proposal meeting is not mandatory, the information presented is informative. All interested Offerors are encouraged to attend in order to be better able to prepare an acceptable proposal.

Questions Due No Later Than: December 10, 2021, at 1:00 pm

Answers to Questions Posted: December 16, 2021

Attachments:

Appendix I – Letter of Intent to Apply

Appendix K – Letter of Intent to Attend the Preproposal Conference

APPENDIX I – LETTER OF INTENT TO APPLY

RFP 017-22

**SELF-FUNDED MEDICAL PLAN
AND STAFF MODEL HEALTH MAINTENANCE ORGANIZATION (HMO)
PLAN ADMINISTRATION**

Send via email to: Donna.Parks@pgcps.org, pg_Angela.Queen@pgcps.org, and
Karen4.Johnson@pgcps.org

Respondent shall submit this document on its letterhead

(Due No later than December 13, 2021, at 1:00 p.m.)

On behalf of (***Institution Name***), we are pleased to inform you of our intent to submit a proposal for the **Self-Funded Medical Plan and/or Staff Model Health Maintenance Organization (HMO) Plan Administration**. Our proposal will address all components of the RFP. We intend to submit a proposal to you by the required due date.

Signed: _____

Printed Name, Title: _____

OFFICIAL NAME OF YOUR ORGANIZATION:

COMMON NAME OF YOUR ORGANIZATION:

PROGRAM/CENTER NAME (IF APPLICABLE):

NAMES OF PARTNER ORGANIZATIONS: (if applicable)

MAIN ADDRESS:

TELEPHONE:

EMAIL:

MAILING ADDRESS (IF DIFFERENT):

FAX:

WEBSITE:

PROJECT DIRECTOR – NAME, TITLE AND CONTACT INFORMATION:

**APPENDIX K – LETTER OF INTEREST TO ATTEND FOR PRE-PROPOSAL
CONFERENCE**

RFP 017-22

**SELF-FUNDED MEDICAL PLAN
AND STAFF MODEL HEALTH MAINTENANCE ORGANIZATION (HMO)
PLAN ADMINISTRATION**

Send via email to: Donna.Parks@pgcps.org, pg_Angela.Queen@pgcps.org, and
Karen4.Johnson@pgcps.org

Respondent shall submit this document on its letterhead

(Shall Be Submitted No later December 6, 2021, at 11:00 a.m).

On behalf of **(Institution Name)**, we are pleased to inform you of our intent to attend the **Pre-Proposal Conference for Self-Funded Medical Plan and/or Staff Model Health Maintenance Organization (HMO) Plan Administration**

(Institution Name) shall attend via telephone conference

(Institution Name) shall attend via telephone conference

Representative

Signed: _____

Printed Name, Title: _____

OFFICIAL NAME OF YOUR ORGANIZATION:

COMMON NAME OF YOUR ORGANIZATION:

PROGRAM/CENTER NAME (IF APPLICABLE):

MAILING ADDRESS:

TELEPHONE:

FAX:

WEBSITE:

PROJECT DIRECTOR – NAME, TITLE AND CONTACT INFORMATION: